

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2001-09

MENTALLY DISORDERED OFFENDERS' EXTENDED
COMMITMENT PROCEEDINGS

JULY 30, 2001

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for Mentally Disordered Offenders' Extended Commitment Proceedings. These claiming instructions are issued subsequent to adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

Penal Code Section (PC §) 2970 established civil commitment procedures to extend the involuntary treatment of a mentally disordered offender for one year beyond the offender's parole termination date if the offender's severe mental disorder is not in remission at the end of the parole period or cannot be kept in remission without treatment. PC § 2970 also authorizes the district attorney to file a petition with the superior court, following receipt of the state's written evaluation on the status of the offender's mental disorder, for the continued involuntary treatment of the offender.

PC § 2972 requires a civil hearing to be conducted once a petition has been filed and also established procedures for the civil hearing. PC § 2972.1 limits outpatient status to a period not to exceed one year. At the expiration of outpatient status approved by the court, the court shall either discharge the person, order the person confined to a treatment facility, or renew its approval of outpatient status. The court shall notify all interested parties whether or not the person was found suitable for release.

On January 25, 2001, the COSM determined that PC §§ 2970, 2972, and 2972.1 establish costs mandated by the State according to the provisions listed in the attached P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any county that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Initial Claims

Initial reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred in implementing the provisions of PC §§ 2970 and 2972 are reimbursable for fiscal years 1997-98 through 2000-01 and must be filed with the SCO and be delivered or postmarked on or before **November 27, 2001**. Costs incurred pursuant to PC § 2972.1 regarding services to persons committed under PC § 2972 who are on outpatient

status, are reimbursable for the period January 1, 2001, through June 30, 2001, and must be filed with the SCO and be delivered or postmarked on or before **November 27, 2001**. Estimated claims for the 2001-02 fiscal year must also be delivered or postmarked on or before **November 27, 2001**. Thereafter, having received payment for an estimated claim, the claimant must file an annual reimbursement claim by January 15 of the following fiscal year. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000.

Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. However, the initial claims will be considered as one claim for the purpose of computing the late claim penalty. Do not prorate the penalty among fiscal years. If the claims are late, the penalty should be applied to a single fiscal year.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline, or without the requested supporting documentation, will not be accepted.**

B. Estimated Claims

Unless otherwise specified in the claiming instructions, local agencies are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, claimants must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

Minimum Claim Cost

GC § 17564(a) provides that no claim shall be filed pursuant to § 17561 unless such a claim exceeds \$200 per program per fiscal year. Claims should be rounded to the nearest dollar.

Reimbursement of Claims

Initial reimbursement claims will only be reimbursed to the extent that expenditures can be supported and if such information is unavailable, claims will be reduced. In addition, ongoing reimbursement claims must be supported by documentation as evidence of the expenditures. Examples of documentation may include, but are not limited to, employee time records that identify mandate activities, payroll records, invoices, receipts, contracts, travel expense vouchers, purchase orders, and caseload statistics.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment,"

specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year of costs incurred. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO on request.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.htm.

Address for Filing Claims

Submit a signed, original form FAM-27, Claim for Payment, and all other forms and supporting documents (no copies necessary) to:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Parameters and Guidelines

Penal Code Sections 2970, 2972, and 2972.1
Statutes of 1985, Chapter 1418
Statutes of 1986, Chapter 858
Statutes of 1987, Chapter 687
Statutes of 1988, Chapter 657
Statutes of 1988, Chapter 658
Statutes of 1989, Chapter 228
Statutes of 1991, Chapter 435
Statutes of 2000, Chapter 324

Mentally Disordered Offenders' Extended Commitment Proceedings

I. SUMMARY OF MANDATE

The test claim legislation establishes civil commitment procedures for the continued involuntary treatment of persons with severe mental disorders for one year following their parole termination date. These commitment procedures generally require the following:

- A civil hearing on the petition for continued involuntary treatment;
- The right to a jury trial, with a unanimous verdict by the jury before the offender can be committed;
- The appointment of defense counsel for indigent offenders; and
- Subsequent petitions and hearings regarding the recommitment of the offender for another year of involuntary treatment.

At its January 25, 2001 hearing, the Commission adopted its Statement of Decision which concluded that Penal Code sections 2970, 2972, and 2972.1 impose a reimbursable state mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514 for the following activities:

- Review the state's written evaluation and supporting affidavits indicating that the offender's severe mental disorder is not in remission or cannot be kept in remission without continued treatment (Pen. Code, §2970);
- Prepare and file petitions with the superior court for the continued involuntary treatment of the offender (Pen. Code, §2970);
- Represent the state and the indigent offender in civil hearings on the petition and any subsequent petitions or hearings regarding recommitment (Pen. Code, §§ 2972, 2972.1);
- Retain necessary experts, investigators, and professionals to prepare for the civil trial and any subsequent petitions for recommitment;
- Travel to and from state hospitals where detailed medical records and case files are maintained; and

- Provide transportation and custody of each potential mentally disordered offender before, during, and after the civil proceedings by the County's Sheriff Department.

II. ELIGIBLE CLAIMANTS

Any county or city and county which incurs increased costs as a result of this reimbursable state mandated program is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

Section 17557 of the Government Code states that a test claim must be submitted on or before June 30th following a given fiscal year to establish eligibility for reimbursement for that fiscal year. This test claim was filed by the County of Los Angeles on November 19, 1998. Therefore, costs incurred in implementing the provisions of Penal Code sections 2970 and 2972, as added and amended by Statutes of 1985, chapter 1418; Statutes of 1986, chapter 858; Statutes of 1987, chapter 687; Statutes of 1988, chapters 657 and 658; Statutes of 1989, chapter 228; and Statutes of 1991, chapter 435, after July 1, 1997 are eligible for reimbursement.

Statutes of 2000, chapter 324, was not in effect until January 1, 2000. Therefore, costs incurred pursuant to Penal Code section 2972.1, as added by Statutes of 2000, chapter 324, regarding services to persons committed pursuant to Penal Code section 2972 who are on *outpatient* status, are reimbursable only on or after January 1, 2001.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent fiscal year may be included on the same claim, if applicable. Pursuant to section 17561, subdivision (d)(1) of the Government Code, all claims for reimbursement shall be submitted within 120 days of notification by the State Controller of the enactment of the claim's bill.

If total costs for a given year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

For each eligible claimant, the direct and indirect costs of labor, materials and supplies, contracted services, fixed assets, travel, and training incurred for the following mandate components are reimbursable:

A. One-time Activities

1. To develop policies and procedures to implement Penal Code sections 2970, 2972, and 2972.1.
2. To train staff on the mandated program (one-time per employee).
3. To develop or procure computer software to track the status of persons committed pursuant to Penal Code section 2972.

B. Continuing Activities

The following reimbursable activities must be specifically identified to a mentally disordered offender:

1. Review the state's written evaluation and supporting affidavits to determine if the county concurs with the state's recommendation that the offender's severe mental disorder is not in remission or cannot be kept in remission without continued treatment (Pen. Code, § 2970). This activity includes the following:
 - a) Attorney, secretarial, and paralegal services;
 - b) Copying charges; and
 - c) Long distance telephone charges.
2. Prepare and file petitions with the superior court for the continued involuntary treatment of the offender (Pen. Code, § 2970). This activity includes the following:
 - a) Attorney, secretarial, and paralegal services;
 - b) Copying charges; and
 - c) Long distance telephone charges.
3. Represent the state and the indigent offender in civil hearings regarding recommitment (Pen. Code, §§ 2972, 2972.1). This activity includes the following:
 - a) Attorney, secretarial, and paralegal services;
 - b) Copying charges; and
 - c) Long distance telephone charges.
4. Retain necessary experts, investigators, and professionals to prepare for the civil trial and any subsequent petitions for recommitment;
5. Travel to and from state hospitals where detailed medical records and case files are maintained;
6. Provide transportation and custody of each potential mentally disordered offender before, during, and after the civil proceedings by the County's Sheriff Department;
7. Meet and confer on outpatient status reports issued pursuant to Penal Code section 2792.1 (c) and assist outpatient offenders committed pursuant to Penal Code section 2972 in completing a form indicating whether the offender agrees to continued treatment, or refuses continued treatment and demands a jury trial to decide the need for further treatment; and
8. Represent the state and the indigent offender in a jury trial to decide the need for further treatment and any subsequent petitions or hearings regarding recommitment (Pen. Code, §§ 2972, 2972.1). This activity includes the following:
 - a) Attorney, secretarial, and paralegal services;
 - b) Copying charges; and
 - c) Long distance telephone charges.

V. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in section IV of this document and they must be supported by the following cost element information:

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions and shall be supported by the following cost element information:

1. Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the reimbursable activities performed and specify the actual time devoted to each reimbursable activity by each employee, productive hourly rate, and related fringe benefits.

Reimbursement for personal services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities which the employee performs.

2. Materials and Supplies

Only expenditures that can be identified as direct costs of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

3. Contract Services

Provide the name(s) of the contractor(s) who performed the service(s), including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were performed and itemize all costs for those services. Submit contract consultant and attorney invoices with the claim.

4. Fixed Assets

List the costs of the fixed assets that have been acquired specifically for the purpose of this mandate. If the fixed mandate is utilized in some way not directly related to the mandated program, only the pro-rata portion of the asset which is used for the purposes of the mandated program is eligible for reimbursement.

5. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination point(s), and travel costs.

6. Training

The cost of training an employee to perform the mandated activities, as specified in section IV of these parameters and guidelines, is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits of trainees and trainers, registration fees, transportation, lodging, per diem, and incidental audiovisual aids. If the training encompasses subjects broader than this mandate, only the pro rata portion of the training costs can be claimed.

B. Indirect Costs

Compensation for indirect costs is eligible for reimbursement. Indirect costs are those that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been determined and assigned to other activities, as appropriate, indirect costs are those remaining to be allocated to benefited cost objectives. A cost may not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been claimed as a direct cost.

Indirect costs include (a) the indirect costs originating in each department or agency of the governmental unit carrying out state mandated programs and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) pursuant to the Office of Management and Budget (OMB) Circular A-87.

VI. SUPPORTING DATA

For auditing purposes, all costs claimed shall be traceable to source documents (e.g., invoices, receipts, purchase orders, contracts, worksheets, calendars, declarations, etc.) that show evidence of the validity of such costs and their relationship to the state mandated program. All documentation in support of the claimed costs shall be made available to the State Controller's Office, as may be requested. Pursuant to Government Code section 17558.5, these documents must be kept on file by the agency submitting the claim for a period of no less than two years after the later of (1) the end of the calendar year in which the reimbursement claim is filed or last amended, or (2) if no funds are appropriated for the fiscal year for which the claim is made, the date of initial payment of the claim.

VII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of the subject mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to federal funds and other state funds, shall be identified and deducted from this claim.

VIII. STATE CONTROLLER'S OFFICE REQUIRED CERTIFICATION

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's Office claiming instructions, for those costs mandated by the state contained herein.

IX. PARAMETERS AND GUIDELINES AMENDMENTS

Pursuant to Title 2, California Code of Regulations, section 1183.2, Parameters and Guidelines amendments filed before the deadline for initial claims as specified in the Claiming Instructions shall apply to all years eligible for reimbursement as defined in the original parameters and guidelines. A Parameters and Guidelines amendment filed after the initial claiming deadline must be submitted on or before January 15, following a fiscal year in order to establish eligibility for reimbursement for that fiscal year.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 MENTALLY DISORDERED OFFENDERS' EXTENDED COMMITMENT PROCEEDINGS			For State Controller Use Only (19) Program Number 00203 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		Program <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">203</div>		
L A B E L H E R E	(01) Claimant Identification Number			Reimbursement Claim Data			
	(02) Claimant Name			(22) MDO-1, (04)			
	County of Location			(23) MDO-1, (05)(A)(1)(f)			
	Street Address or P.O. Box Suite			(24) MDO-1, (05)(A)(2)(f)			
	City State Zip Code			(25) MDO-1, (05)(A)(3)(f)			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Type of Claim (03) Estimated <input type="checkbox"/> (04) Combined <input type="checkbox"/> (05) Amended <input type="checkbox"/> </div> <div style="width: 30%;"> Estimated Claim (09) Reimbursement <input type="checkbox"/> (10) Combined <input type="checkbox"/> (11) Amended <input type="checkbox"/> </div> <div style="width: 30%;"> Reimbursement Claim (26) MDO-1, (05)(B)(1)(f) (27) MDO-1, (05)(B)(2)(f) (28) MDO-1, (05)(B)(3)(f) (29) MDO-1, (05)(B)(4)(f) </div> </div>						
Fiscal Year of Cost			(06) 20 ____/20 ____		(12) 20 ____/20 ____	(30) MDO-1, (07)	
Total Claimed Amount			(07)		(13)		(31) MDO-1, (08)
Less: 10% Late Penalty, not to exceed \$1,000			(14)		(32) MDO-1, (10)		
Less: Prior Claim Payment Received			(15)		(33) MDO-1, (11)		
Net Claimed Amount			(16)		(34)		
Due from State			(08)		(17)		(35)
Due to State					(18)		(36)
(37) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code §17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Signature of Authorized Officer <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> </div> <div style="width: 35%;"> Date <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Type or Print Name (38) Name of Contact Person for Claim </div> <div style="width: 35%;"> Title Telephone Number () - Ext. </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> E-Mail Address </div> <div style="width: 35%;"></div> </div>							

Program 203	MENTALLY DISORDERED OFFENDERS' EXTENDED COMMITMENT PROCEEDINGS Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03), Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04), Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05), Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form MDO-1 and enter the amount from line (12). If more than one form is completed due to multiple department involvement in this mandate, add line (12) of each form.
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09), Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10), Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11), Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form MDO-1, line (12). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., MDO-1, (05)(A)(1)(f), means the information is located on form MDO-1, block (05), section (A), line (1), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

<div>Program</div> <div>203</div>	<div>MANDATED COSTS</div> <div>MENTALLY DISORDERED OFFENDERS' EXTENDED COMMITMENT PROCEEDINGS</div> <div>CLAIM SUMMARY</div>					<div>FORM</div> <div>MDO-1</div>
(01) Claimant			(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>			Fiscal Year 20__/20__
(03) Department						
Claim Statistics						
(04) Number of extended commitment proceedings heard during the fiscal year of claim						
Direct Costs		Object Accounts				
(05) Reimbursable Components A. One-Time Costs 1. Develop Policies & Procedures 2. Training 3. Computer Software B. Continuing Costs 1. Review Case 2. File Petition 3. Representation 4. Travel and Custody	(a) Salaries	(b) Benefits	(c) Services and Supplies	(d) Fixed Assets	(e) Travel	(f) Total
(06) Total Direct Costs						
Indirect Costs						
(07) Indirect Cost Rate					[From ICRP]	%
(08) Total Indirect Costs					[Line (06)(a) x line (07)] or [(Line (06)(a) + line (06)(b)) x line (07)]	
(09) Total Direct and Indirect Costs					[Line (06)(f) + line (08)]	
Cost Reduction						
(10) Less: Offsetting Savings						
(11) Less: Other Reimbursements						
(12) Total Claimed Amount					[Line (09) - (line (10) + line (11))]	

Program 203	MENTALLY DISORDERED OFFENDERS' EXTENDED COMMITMENT PROCEEDINGS CLAIM SUMMARY Instructions	FORM MDO-1
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- (01) Claimant. Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form MDO-1 must be filed for a reimbursement claim. Do not complete form MDO-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form MDO-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Department. If more than one department has incurred costs for this mandate, give the name of each department. A separate form MDO-1 should be completed for each department.
- (04) Enter the number of extended commitment proceedings that were heard during the fiscal year of claim for mentally disordered offenders.
- (05) Reimbursable Components. For each reimbursable component, enter the total from form MDO-2, line (05), columns (d) through (h) to form MDO-1, block (05), columns (a) through (e) in the appropriate row. Total each row.
- (06) Total Direct Costs. Total columns (a) through (f).
- (07) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (08) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (06)(a), by the Indirect Cost Rate, line (07). If an ICRP is submitted and both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (06)(a), and Total Benefits, line (06)(b), by the Indirect Cost Rate, line (07). If more than one department is reporting costs, each must have its own ICRP for the program.
- (09) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (06)(f), and Total Indirect Costs, line (08).
- (10) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (12) Total Claimed Amount. From Total Direct and Indirect Costs, line (09), subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 203	MANDATED COSTS MENTALLY DISORDERED OFFENDERS' EXTENDED COMMITMENT PROCEEDINGS COMPONENT/ACTIVITY COST DETAIL						FORM MDO-2
(01) Claimant				(02) Fiscal Year			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed. One-Time Costs: <input type="checkbox"/> Develop Policies and Procedures <input type="checkbox"/> Training <input type="checkbox"/> Computer Software Continuing Costs: <input type="checkbox"/> Review Case <input type="checkbox"/> File Petition <input type="checkbox"/> Representation <input type="checkbox"/> Travel and Custody							
(04) Description of Expenses				Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Fixed Assets	(h) Travel
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____							

Program 203	MENTALLY DISORDERED OFFENDERS' EXTENDED COMMITMENT PROCEEDINGS COMPONENT/ACTIVITY COST DETAIL Instructions	FORM MDO-2
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- (01) Claimant. Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A separate form MDO-2 should be completed for each department.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form MDO-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), complete columns (a) through (h) by entering the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, travel expenses, etc. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries	Employee Name Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Benefits	Activities Performed	Benefit Rate	Hours Worked		Benefits = Benefit Rate x Salaries				
Services and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used			
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost = Hourly Rate x Hours Worked			Invoice
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage				Cost = Unit Cost x Usage		Invoice
Travel	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode					Cost = Rate x Days or Miles or Total Travel Cost	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form MDO-1, block (05), columns (a) through (e) in the appropriate row.